

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID N	DATE
P.E. DETERMINATION	1/11	10501	1/15
O.P.E. CLASSIFIER		10	2-20-00
FORMALITY REVIEW	1/11	01130	2-9-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

Rejected N  
 Allowed I  
 (Through numeral) Canceled A  
 Restricted O

Claim	Date	Claim	Date	Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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